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**FACSIMILE TRANSMITTAL SHEET**

<b>TO:</b>	<b>FROM:</b>
MAIL STOP AMENDMENT	Charles L. Miller
<b>COMPANY:</b>	<b>DATE:</b>
USPTO	November 7, 2006
<b>FAX NO.:</b>	<b>TOTAL NO. OF PAGES:</b> (including cover sheet)
(571) 273-8300	
<b>Application Serial No.</b>	<b>OUR REFERENCE (C/M) NO.:</b>
10/614,313	004770.00116

**RE:** In re: Appln. Of Pekonen  
Appln. No. 10/614,313  
Filed: July 7, 2003  
For: PROTOCOL USING FORWARD ERROR CORRECTION TO IMPROVE HANDOVER

**OFFICIAL FAX**

*If you do not receive all page(s) or have any problems receiving this transmission, please call:*

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Donna Sanfratello	312.463.5544

**COMMENTS:**

AMENDMENT TO OFFICE ACTION dated June 20, 2006

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/814,313
	Filing Date	July 7, 2003
	First Named Inventor	Pekonen
	Art Unit	2617
	Examiner Name	Huynh
Total Number of Pages in This Submission	Attorney Docket Number	004770.00116

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks: The Commissioner is hereby authorized to charge any under payment of fees or credit any over payment of fees to Deposit Account Number 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Charles L. Miller		
Date	November 7, 2006	Reg. No.	43,805

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Signature			
Typed or printed name	Sam Rodigaris	Date	November 7, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 3/31/2008. OMB 0651-0032  
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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
for FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

## Complete if Known

Application Number 10/614,313

Filing Date July 7, 2003

First Named Inventor Pekonen

Examiner Name Huynh

Art Unit 2617

Attorney Docket No. 004770.00116

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## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :☒ Deposit Account Deposit Account Number: 19-0733

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	---
Design	200	100	100	50	130	65	---
Plant	200	100	300	150	160	80	---
Reissue	300	150	500	250	600	300	---
Provisional	200	100	0	0	0	0	---

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

## Total Claims

- 20 or HP=

Extra Claims x

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

## Indep. Claims

- 3 or HP=

Extra Claims x

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

## Small Entity

Fee (\$)

Fee (\$)

50

25

200

130

360

180

## Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

## 4. OTHER FEE(S).

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Two Month Extension of Time Fee (\$450.00)

Fees Paid (\$)

\$450.00

## SUBMITTED BY

Signature

Registration No.  
(Attorney/Agent)

43,805

Telephone

312 463.5000

Name (Print/Type)

Charles L. Miller

Date

November 7, 2006

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